Rainbow Children's Hospitals - Visakhapatnam

Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits. Govt General Hospital Kda ,Vishakhapatnam ,Andhra Pradesh, INDIA ,530040.
TEL NO :891-3501601
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Restration Details :

Adssion No : IP22-00023327 **Admit Date** : 20-Jun-2026 **Admit Time** : 10:32 AM **UHID** : HCV-00040927

Paint Details :

Patit Name	: Ms A.PADMA PRASANNA	**Age**	: 12 Y 1 M 10 D
Gu an	: Mr A.SURESH	**DOB**	: 10-05-2014
Gen r	: Female	**Religion**	:
Oc ation	:	**Martial Status**	:
Adress (H)	: kotananduru Kota Nanduru East Godavari Andhra Pradesh INDIA 533407	**Phone No**	: 9494658627
		E-mail	: no@gmail.com

Admission Details :

Bed Type : GENERAL WARD **Bed No** : GW 326 **Ward Name** : 3F-THIRD FLOOR

Room No : GW 326 **Admission Type** : First Visit

Contact Details :

Name : Mr A.SURESH **Relationship** : Father

Contact Address : kotananduru Kota Nanduru East Godavari Andhra Pradesh INDIA 533407 **Phone No** :

LASURESH
Signature

Doctor Details :

Doctor Name : Dr. SHASHWAT MOHANTY **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : DR . B. RAMA KRISHNA **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name:---------- HCV-00040927 IP22-00023327
Ms A.PADMA PRABANNA
UHID No :..... 10-05-2014 12 Y 1 M 10 D (F)
Dr. SHASHWAT MOHANTY
Date of Admis: .....Consultant :.....Dept.:.....
.....Date of Discharge:.....Time:.....
Room / Bed No :.....Ward :.....Suggested Billable bed type:.....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/6/26	12:00pm	ER	333	
24/6/26	3:~~35~~pm	332	PICU	maha
24/6/26	11pm	PICU	332 Gen	Nagaveni

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	JYOTHIRMYEE	20/6/26	90112	Baisakhi
2.	DR. Leena	20/6/26	90015	Sandhya.
3.	~~DR Swapnapriya~~	~~20/6/26~~		~~Ekanika~~
4.	DR. Anantha	21/6	90390	Ananta
5.	DR. Srihasha	21/6	0585	~~sasha~~
6.	DR. heena	21/6	586	Asha
7.	DR. sandhya	21/6	90655	sand
8.	~~DR. Pratibha~~	~~23/6~~		~~Anita~~
9.	DR. Sathya prasad.	24/6/26	90801	Kalyani
10.	DR. chandrika	24/6/26	90804	Kalyani

Cross checked by nurse.

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/6/26	Syringe pump Infusion pump	6:30pm 2pm	21/6/26 @ 6.30pm 21/6/26 2pm	90086	
21/6/26	Syringe Pump Infusion Pump	6.30pm 2 pm	22/6/26 8.30pm 2pm	90238	
22/6/26	Syringe Pump Infusion Pump	6.30pm 2pm	23/6/26 6.30pm 2pm	90508	
23/6/26	Syringe Pump	6.30pm	24/6/26 6.30pm	90700	
24/6/26	Cardiac Monitor INFUSION pump. Syringe pump —	4 pm. 6:30pm	11.30pm STOP 10.30pm STOP 	690877 0899 90953	
25/6/26	syringe pump	6.30pm	26/6/26 6.30pm	1218	

Crow clotted by marker

INVESTIGATIONS

Date	Investigations	Order No.	Signature
20/6/26	CBP, CRP, ESR, Blood cls, Creatine, electrolytes,	6013303	
	RBS- 76 mg/dl	6013302	
20/6/26	X-ray Abdomen erect	6852	
20/6/26	CUE, Urine cls (+ve)	3325	mounitaah
20/6	USG-abdomen 2D-Echo	6875	mounitaah
20/6	X-ray chest (AP view)	6881	mounitaah
21/6	TFT, ANA Profile Cortesol (8am) (fasting)	13363	Baisakhi
23/6	CBP, CRP	13457	Baisakhi
23/6	BGT	3495	Mala
24/6	CUE, Spot Protein/createnRatio	13499	Baisakhi
24/6	Lupus inhibitors/Lupus-Like anticoagulant		
24/6	Beta-2 Glycoprotein I IgG/IgM	260713550	
24/6	Anti phospholipin antibody		
24/6	Anti cardiolipin antibody IgG/IgM		Rawat
24/6	TB Gamma interferon Quantiferon.		
24/6	Anti HIV I&II antibodies		
24/6	IgG (immunoglobulin G		
24/6	C_3, C_4 Quantitation		
25/6/26	CBP, Albumin	13567	Baisakhi

Cross checked by mounika

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/6/26	IV Placementation	01	68751	[illegible]
24/6/26	Blood Transfusion	(1)	0898	Nowrin

Cross checked by nurse

ANY OTHER INFORMATION

Date: 26/6/26 Time: 6PM Prepared By: [illegible]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[illegible]	3rd floor		

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ACTIVITY RECORD FOR BILLING

HCV-00040927 IP22-00023327
Ms A.PADMA PRASANNA
10-05-2014 12 Y 1 M 14 D (F)
Dr. SHASHWAT MOHANTY

Name:---------- ----------

UHID No :.....IP No : :.....Dept.:.....

Date of Admission :..... f Discharge:.....Time:.....

Room / Bed No :.....Ward :.....Suggested Billable bed type:.....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

INVESTIGATIONS

Date	Investigations	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date: Time: Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : _____

UHID ID : _____

Department : _____

Consultant : _____

HCV-00040927 IP22-00023327
Ms A.PADMA PRASANNA
10-05-2014 12 Y 1 M 10 D (F)
Dr. SHASHWAT MOHANTY

HCV-00040927 IP22-00023327
Ms A.PADMA PRABANNA
10-05-2014 12 Y 1 M 10 D (F)
Dr. BHASHWAT MOHANTY

Padiatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o fever x 10 days
Abdominal pain x 10 days
Nausea & vomiting x 3 days
Hyperpigmented Macules (+) over palms & soles ~ 15 days

History of present illness:

child was apparently Normal 6months back
Had fever & headache for 3 days
↓ admitted in local hospital treated with IV ABx, discharged on oral ABx
got discharged on oral Antibiotics, multivitamin
↓ 1week later (child was ~~fine, No issues~~)
had rash - Orally : mucosal area involved
↓ dry skin (+)
2-3 days later: had multiple episodes of vomitings → 1 episode of GTCS seizure lasting for 2 mins stated
On evaluation : Na^+ : 107 (Hypo)
admitted as euvolemic hyponatremia
Jan 30 : TSH : 49.12, TU : 7.5, T_3 : 1.32
started Thyronorm 100mg. Feb 12 : TSH : 11.13 TU : 8.64 T_3 : 118.26
April : TSH : 0.66 → Thyronorm : 50mg.

Since January - 6 Kgs wt loss (+)
multiple episodes of recurrent fever (+)
Rash (+) - oral crusted lesions
hair loss (+)

HCV-00040927 IP22-00023327
Ms A.PADMA PRABANNA
10-05-2014 12 Y 1 M 10 D (F)
Dr. BHABHWAT MOHANTY

Past History : (Including details of any previous investigation or treatment) → Nil.

No Joint pains c/o ?tingling sensation in (Rt) medial aspect of foot.
c/o white discharge (+) - last 5 days
a/w itching (+).
On Cefspil 500 BD
Thyronorm 50 OD

Birth & Neonatal History:
Term / Normal birth cry / No NICU stay.

Family Chart
NCM
144. 134. 34, healthy.

Birth & Socio Economic History:

About Father:
About Mother:
Any additional Information:

Developmental History:
as per age

Immunization History:
as per NIP.

Anthropometry:

Head Circum (cms)_____(Centile_____) Height (cms)_____ (Centile)_____)

Weight (kgs)_____ (Centile_____)

On Examination:

genital mucosa (N)

Temperature:_____Pulse Rate :_____ B.P._____ SPO2_____

Resp. rate and type of breathing :

skin dryness
Sparse hair (+)

painful haemorrhagic
Rash (+) crusted lesions, blood stained - mucosal area of oral cavity, dry lesions
Lymphadenopathy (+) cervical & Inguinal.
Oedema: mild periorbital puffiness (+)
Allergies (if any):

perioraly, maculat rashes over palms, soles.

HCV-00040927 IP22-00023327
Mst A.PADMA PRASANNA
10-05-2014 12 Y 1 M 10 D (F)
Dr. BHASHWAT MOHANTY

Respiratory System:

Inspection (any s/o distress): (N)

Air entry & breath sound : B/L AE (+)

Any Addes sounds :

Relevant data from outside (Chest X-Ray, ABG, etc.,)

Cardiovascular System:

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur: NO

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,)

Per Abdomen:

Inspection : (N)

Palpation : Soft , NO HSM

Ausculation :

Spine : External Genitelia :

Relevant data from outside (CT.USE.etc.,)

Central Nervous System: alert

Level of Consciousness : AVPU / GCS Score:

Cranial Nerves :

Motor System: Normal

Nutrition :

Tone: Power

Co-ordinator :

Posture:

Involuntary Movements :

HCV-00040927 IP22-00023327
Ms A.PADMA PRABANNA
10-05-2014 12 Y 1 M 10 D (F)
Dr. BHABHWAT MOHANTY

Reflexes: Normal

DTR Superficials:

Plantars

Bladder / Bowel:

Clinical Summary & Diagnostic: Pyrexia of Unknown origin

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

CBC ĩ smear ✓
CRP ✓
ESR ✓
Blood c/s ✓
CUE (one), S-creat ✓
Urine c/s (one)
S-Electrolytes ✓

USG Abdomen (one)
X-Ray Abdomen, chest ✓

Planned Management:

Inj CEFTRIAXONE

Candid mouthpaint
sos

Dr. Harsha (Dermatologist) consultation
Dr. Leena consultation
Inj PANTOPRAZOLE
Inj ONDANSETRON

Signature of the Doctor : Anjana
Name of the Doctor : G. Anjana
Date & Time : 20/06/26

Signature of the Consultant:
Name of the Consultant :
Date & Time :

Patient Sticker

DISCHARGE PLAINING FORM

Note: * To be completed by a Doctor within (24) hours of admission

1 Anticipated Date of Discharge :_____

2. Destnation Post Discharge : ☐ Home

Family Members Notified (Person Contacted_

☐ Transfer

Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☐ Self Care ☐ Family Home Care ☐ Home Professional Assistance

☐ Needs Assistance In: Remarks

☐ Medication	☐ Yes ☐ No	.....
☐ Bathing	☐ Yes ☐ No	.....
☐ Eating	☐ Yes ☐ No	.....
☐ Walking	☐ Yes ☐ No	.....
☐ Dressing	☐ Yes ☐ No	.....
☐ Toileting	☐ Yes ☐ No	.....

4. Nutritional Plan:

☐ Ditary Instruction Discussed with the:

☐ Patient ☐ Family Member ☐ Other:.....

5. Discharge Planning Discussed with the:

☐ Patient ☐ Family Member ☐ Other:.....

6. Patient / Family Education Plan:

☐ Education Topic /s :.....

☐ Patient's Educational Topic/s discussed with the:

☐ Patient ☐ Family Member ☐ Other:.....

Doctor Signature:_____

Name of the Doctor :_____

Date & Time :_____

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient: HCV-00040927 IP22-00023327
Ms A.PADMA PRABANNA
Age : 10-05-2014 12 Y 1 M 10 D (F)
Dr. SHASHWAT MOHANTY
I.P. No

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
20/6/26	5pm	C/S/B Dr Shashwat / Dr Jyoti / Dr Sneha
		Δ = pyrexia of Unknown Origin
		Issues:
		- Itching to ++ off/morning.
		- 1 fever spike since morning.
		oral intake - poor. CRP-2
		O/E ESR-80
		Alert.
		Hemodynamic - stable
		RS - B/L AE (+)
		P/A - Soft.
		Urine o/put - adequate.
		USG Abd - mild diffuse bowel wall thickening.
		Echo - mild pericardial effusion
		Plan
		1) To start ++ Augmentin (test dose)
		2) Trace blood C/s, urine C/s.
		3) Derm consultation
		4) U/A - fever

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

20/06
5pm C/O/W Dr-Leena

?combined Endocrine disorder.

plan:-
Thyroid ~~Antibodies~~,
1) ~~TSH~~ free T4, HbA1c, ACTH, TFT,
Serum cortisol 8AM sample

R/W reports.

ANJANA 2) To consider ANA

20/06
6pm S/B Dr. SM/Dr. PV/Dr. AJ

Pyrexia of unknown origin (?UTI/?Inflammatory) | Stevens Johnson syndrome.

fever ⊕
CUE: plenty of pus cells
Oral intake less
U/O → good

plan:-
1) TFT, free T4, Thyroid antibodies, 8AM Cortisol } T/m
ANA profile
2) Change to INAPTHZ.

ANJANA

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

ICV-00040927 IP22-00023327
Ms A.PADMA PRASANNA
0-05-2014 12 Y 1 M 10 D (F)
Dr. SHASHWAT MOHANTY

☐ F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
20/06/26	10PM	S/B Dr.AD/Dr.AJ/Dr Iluminae
		PUO
		TO send: ~~Adv~~ Thyroid function test ★
		Free T_4
		Thyroid Antibodies
		8AM cortisol ★
		ANA profile ★
		2) cont IV PIPTAZ
		3) Renocort L/A
		4) Aquasoft L/A
		5) BP monitoring 4 hrly
		ANJANA
		Noted By Baabaki

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

21/6/26
8am

c/s/B Dr Sm/Dr SV

Δ = pyrexia of Unknown origin

c/o pain over B/L back.
2 fever spikes in 24 hours
oral intake - poor.
No vomitings.

O/E

Alert.
R/s - B/L AE (+)
P/A - Sgk
U.O - good
Stools - not passed.

Plan

- Cont IJ piptaz
- Trace AMA
-
-
-

N.B Sandeep
OA 222
21/6/26
9AM

Ref. No. : F / HW / PGN / INPR / 15

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PROGRESS NOTES

(USE BALL POINT PEN ONLY)

ICV-00040927 IP22-00023327
Ms A.PADMA PRASANNA
0-05-2014 12 Y 1 M 11 D (F)
Dr. SHASHWAT MOHANTY

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	21/6/22 8pm	C/S/B Dr. Veenu/ Dr Balaji
		DSS: Pyrexia of unknown origin
		· No c/o seizures
		· No c/o fever
		· No c/o vomiting
		· urine output - good
		oral intake - good
		O/E:
		· active, alert.
		· RS - B/L AE ⊕, clear
		· CVS - S_1S_2 ⊕
		Advice:
		· cont. sy. piplas
		· Trace ANA report
		cortisol report
		BADP
		N.Byram.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

22/6/26 C/s I/B Dr. Shahwoat | Dr. Balaji

8AM

D/s: - Pyrexia of unknown origin | Steven Johnson Syndrome
- UTI

- c/o 1 fever spike in last 24 hrs
- NO c/o seizures
- NO c/o vomiting
- urine output - good.

O/E:

active, alert.

- RS + BLL AE ⊕, clear
- CVS + S1 S2 ⊕
- P/A + soft, non-tender

urine c/s + klebsiella oxytoca ⊕

Advice:

- Cont. Inj. Piptaz
- Trace ANA report; cortisol reports
- Dr Ananth Consultation.
- Dr Sudharshan - Derm Review

BALOOR

N. Bylow

Ref No : F / HW / PGN / INPR / 15

HCV-00040927 IP22-00023327
Ms A.PADMA PRASANNA
0-05-2014 12 Y 1 M 12 D (F)
Dr. SHASHWAT MOHANTY

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PROGRESS NOTES

(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
2/6/26	5pm	C/S/B Dr Shaswat / Dr Sreevalli
		D - Urinary Tract Infection [Klebsiella oxytoca].
		- ? Steven Johnson Syndrome
		No fever spikes since 24 hrs.
		No seizures
		No Vomiting
		Oral intake - adequate. cortisol - 12.3.
		O/E
		Alert.
		RS - B/L AE ⊕
		P/A - soft, BS ⊕
		urine output - good.
		Plan
		1) Trace ANA report.
		2) Dr Sriharsha - Derm Consultation
		3) Cont 4 mg - D3
		4) Add - Iron, - folic acid - Vit B12 - Riboflavin
		5) CBP, CRP - t/m.

Signatures: Dr Saran; P. B. ...

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

CIN : U85110 TG1998 PTC029914

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22/6/26
10pm

C/S/B Dr Aditya / Dr Sree

Δ = - UTI
- Steven Johnson Syndrome

Pain (+) B/L foot - medial aspect.
No fever / vomiting

O/E

Alert
pallor (+).
RS - B/L AE (+)
P/A soft
U.O - good

Plan

- Trau ANA profile
- CBP, CRP - t/m

Ref. No. : F / HW / PGN / INPR / 15

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PROGRESS NOTES

(USE BALL POINT PEN ONLY)

ICV-00040927 IP22-00023327
Ms A.PADMA PRASANNA
0-05-2014 12 Y 1 M 12 D (F)
Dr. SHASHWAT MOHANTY

M ☐ F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
23/6/26	8am	c/s/B Dr Shaswat / Dr Sravan
		D = - Urinary tract infection [Klebsiella oxytoca]
		- Steven Johnson Syndrome
		c/o pain ⊕ B/L foot - medial aspect
		No fever spikes / Vomiting
		No Seizures
		O/E [CRP-2]
		Dull.
		pallor ⊕
		RS- B/L AE ⊕
		P/A- soft , BS ⊕
		urine - output - good.
		Plan
		1) Trace ANA profile
		2) Dr Leena Video consultation today
		3) Cont Inj piptaz - D4.
		4) Dr. Chandrika
		N. By Cowri

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

23/6/26
5pm

c/o/b Dr. Shashwat / Dr. Balaji

DHS: Pyrexia of unknown origin ? Systemic lupus erythemod

- No c/o fever spikes
- c/o pain over B/L foot.
- NO c/o seizures

~~Address~~ O/E:

active, alert

RS → B/L AE@, clear

P/A → soft, non-tender

CVS → S1 S2 +

ANA profile suggestive of SLE

~~UNINE~~ TS -

Advice:

- Dr. Chandrika mam consultation +/Rx
- plan PRBC Transfusion (TIM)
- plan To reduce T. Ultracet from 62.5 → 50 Mg (From Dr. Leena)
- cont. Inj. pipta
- Blood grp (same sample)

-CVE, Spot Protein-Creatinine Ratio TIM 6 AM

~~BACOP~~

N.B. pulse

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

ICV-00040927 IP22-00023327
Patient M/s A.PADMA PRASANNA
0-05-2014 12 Y 1 M 13 D (F)
Age : . Dr. SHASHWAT MOHANTY
I.P. No

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
24/6/26		SIB. Dr. SM / Dr Yash
	8 AM	Systemic Lupus Erythematosus.
		c/o pain ⊕ over B/L knee
		No fever, Pallor
		No seizures
		O/E
		Alert
		Oral – good
		RS – B/L AE ⊕
		P/A . Soft
		L/E – Hemorrhagic crusted lesions over lip
		CVS = pedema 2 ⊕
		P/O
		1) Dr Chandrika consultation by Dr Sathya prasad cons.
		2) Plan PRBC transfusion today.
		Continue
		3) On IV pantop
		4) TO DO - CBC H/m LFT.
		Dr. B Kalyan

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

24/06
10 AM

S/B Dr. Satyaprasad

Δ: SLE c Nephrotic range proteinuria to R/o Lupus Nephritis

Adv

1) To do Renal Biopsy for grading of lupus nephritis

2) Inj MPS ~~500~~ 60mg OD

3) Tab shelcal 500mg OD

4) HCQS 200mg OD

5) Esmoprazole

6) plenty of oral liquids

R/w Biopsy report

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patie: ICV-00040927 IP22-00023327
Ms A.PADMA PRASANNA
0-05-2014 12 Y 1 M 13 D (F)
Dr. SHASHWAT MOHANTY
Age :
I.P. N

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
26/06	1 pm	c/o/w Dr. ~~Veena~~ Chandrika Bhat
		plan :-
		to do: 1) G; Cy levels, 2) Antiphospholipid Antibody profile (APLA) 3) IgG levels 4) TB Quantiferon Gold. 5) HIV testing.
		6) Stat MPS 30mg/kg OD x 3days Hb Wysolone
		7) T. JR. Lasix 30mg x 6wks
		8) Tab MMF 500mg 1/2 - 1/2 x 2wks Hb CBP, LFT.
		9) (N) → 1x to 500ml 1-1hr to continue
		9) Tab HCQ 200mg OD to continue
		10) To do Renal Biopsy to establish Nephritis class & SVS Rituximab.
		cont cyclosporin x3days 4) start MMF after pulse therapy of steroids.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

24/6/26
5pm

C/S/B Dr Shaswat / Dr Harsha / Dr Sree

D:- Systemic Lupus Erythematosus
- Urinary tract Infection
- ? Hypothyroidism

No fever spikes
No vomity / seizures.

O/E:-

Alert., pallor - pad. Hemodynamically stable.
RS - B/L AE (+)
P/A - soft.
BS (+)
urine output - good.

- On PRBC transfusion - 10
- No transfusion reaction.

Plan

1). Cont. Inj Pipta 2 - D5

2) Cont HCQ 200mg OD24

3) Cont Inj MPS x Q24h 80mg

4) Monitor vitals

5) Trac C3, C4 TB Quantiferon gold IgG

6) Lupus inhibitor

7) To do CBP, Sr ALBUMIN - T/M

N.B Noted

Ref. No. : F / HW / PGN / INPR / 15

HCV-00040927 IP22-00023327
Ms A.PADMA PRASANNA
10-05-2014 12 Y 1 M 14 D (F)
Dr. SHASHWAT MOHANTY

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		(8) Plan D/c - on friday (26/6)
		(9) Inj PIPTAZ - till 7/M
		↓
		Oral CEFIXIME
		N.B. mouni
24/6/26 10PM		C/S/B Dr. Shashwat / Dr. Suminaa
		Δ - Systemic Lupus Erythematous
		urinary tract infection
		Hypothyroidism
		S:
		No fever spikes
		C/o bleed from lips
		C/o difficulty in breathing
		no c/o rash
		On going PRBC transfusion stopped
		O/E:
		Hemodynamically stable
		Vitals
		RR - 24/min — Plan
		HR - 118 bpm — 1. Endway Lasix x 10mg IV
		SpO_2 - 100% — 2. Change to oral cefixime
		B/L AE (+), clear — after Piptaz done then
		3. Cont MPS, HCQ
		4. Trace C3, C4, TB quantiferon gold
		IgG
		5. To do CBP, Sr. albumin then

6. plan d/c on Friday

Suminaa
N.B. Tejaswini 24/6/26 10:10pm

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

25/6/26
8am

c/s/B Dr Shaswat / Dr Saurav

Δ = - Systemic Lupus Erythematosus
- Urinary Tract Infection
- Hypothyroidism.

No fever / Vomity
No distress
oral intake better.

Hb - 8.5
Alb - 8.4.

O/E

Abnt, pulse good
RS - B/L AE (+).
P/A - soft
urine output good
stools - passed.

L/E

→ Hemorrhagic crusted lesion (+) over lips.

→ Dry skin of body.

Plan

6) plan D/C tomorrow

1) Cont Inj pipta 2 - D6
oral cyclosporin - D4
2) Cont Inj MPS - D2
80 mg
3) Cont TAB. HCQ 200 mg OD
4) Trace, C3, C4
IgG
APLA, Anticardiolipin
5) plan to start mmf + stop cyclosporin - on discharge.

NIBy Saurav

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Your Right to a Safe Delivery

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient HCV-00040927 IP22-00023327
Ms A.PADMA PRASANNA
Age : ... 10-05-2014 12 Y 1 M 14 D (F)
Dr. SHASHWAT MOHANTY
I.P. No.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
25/6/26	spm	c/s/B Dr Aditya / Dr Praveen
		D :- Systemic Lupus Erythematosus. - Urinary Tract Infection - Hypokalaemia
		No fever / Vomity. No distress. oral intake - better.
		O/E :- Alert. pulse - good. Hemodynamic - stable. P/A - soft. urine output - good.
		I/C Hemorrhagic Ulcer @ oral cavity
		P/A 1) Cont. IV Diploz 1mp2 2) cont TAB HCQ 3) Trace reports 4) plan D/C tomorrow.

Noted by Dr Aditya

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

26/6/26
8 am

C/o /B Dr Shaswat /Dr Praveen.

D :- Systemic Lupus Erythematosus
- Urinary Tract Infection
- Hypothyroidism.

No fever / Vomiting
No distress
oral intake better

O/E :-

Alert.
pulse - good.
Hemodynamic - stable.
RS - B/L AE (+)
P/A - Soft
CVS - good.

L/E
- Hemorrhagic crusted lesion (+)
- Alopecia (+)
- Dry skin of body (+)

On Inj MPS - 30mg/kg - D3.

Plan :-
1) Cont Inj pipta 2- D7
C- Cyclosporin - D5
2) Cont. T. HC @ 200mg OD - D2
3) plan D/C today.

Praveen

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BirthRigh
BY RAINBOW HOSPITAL
Your Right to a Safe Delive

CONSULTATION FORM

Doctor Name : Dr. Sandhya.

Date : 23/6/26 Hour : .....

Hospital : RCH Vizag

.....

Referred for : ☐ Opinion ☐ Co-Management

☐ Transfer of care

Type of Referral : ☐ Emergency (within one hr.)

☐ Urgent (within 6 hrs.) ☒ Non Urgent (within 24 hrs.)

Date : 23/6/26 Time : ..... By : .....

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis: URINARY TRACT INFECTION | ? STEVEN JOHNSON SYNDROME

Signature: Dr. SHASHWAT M.D.

Report of Findings and Recommendations :

. c/o pain over B/L foot

. NO fever

. NO vomiting

O/E:

. child is active.

Hb → 6.4

Advise:

. TO DO LFT, DCT

. S. Iron, S. Ferritin, Vit-B12 level

. Review after report

Consultant :

Name : Dr. Sandhya Signature : Date & Time : 23/6/26.

NOTE : If more space is required use another consultation sheet as continuation

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BirthRigh
BY RAINBOW HOSPITAL
Your Right to a Safe Delive

CONSULTATION FORM

Doctor Name : DR. Sushasha

Date : 22/6/26 Hour :

Hospital : Rainbow Children's Hospital

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral : ☐ Emergency (within one hr.) ☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)

Date : 22/6/26 Time : 6pm By :

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: M.D.

Report of Findings and Recommendations :

- C/S/O Dr. T. Sushasha MD(DVL)
- Thanks for referring
- ? ATNA today

? Steven Johnson's syndrome
? SLE

① Cap PSORID 500 mg × ⑤ days

Consultant :

Name : Signature : Date & Time : 6.30pm 22/6/26

NOTE : If more space is required use another consultation sheet as continuation

CONSULTATION FORM

Rainbow® Children's Hospital
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Doctor Name : Dr. Leena.

Date : 22/6/26 Hour :

Hospital : Rch Miraj

Type of Referral : ☐ Emergency (within one hr.)
☐ Urgent (within 6 hrs.) ☑ Non Urgent (within 24 hrs.)

Referred for : ☑ Opinion ☐ Co-Management
☐ Transfer of care

Date : 22/6/26 Time : 6:30 p.m. By : Dr Shaswat

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis: k/c/o Hypothyroidism, on T Thyronorm 50 mcg OD
? Steven Johson Syndrome, Urinary tract infct.

Signature: M.D.

Report of Findings and Recommendations :

Online Consultation

Case is a k/c/o Hypothyroidism diagnosed since Jnuary-2026, on T. Thyronorm 50mg OD

T_3 - 262

T_4 - 13.6

TSH - 10.11

Plan

- Increase Thyronorm to 62.5 mcg OD

Consultant :

Name : Dr. Leena Signature : Date & Time : 22/6/26 6:30 pm.

NOTE : If more space is required use another consultation sheet as continuation

23/6/26

2pm

K/C/O hypothyroidism since January 2026,
on. T. Thyronorm 50 µg

T_3 → 2.62

T4 → 13.6

TSH → 10.11

cortisol → 12.3

O/E:

Advice:

- T. ab. Thyronorm 50 mcg OD.
- Repeat TFT, thyroid antibodies + after 6 wks.

CONSULTATION FORM

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Doctor Name : P. Ananth

Date : 22/6/24 Hour : .....

Hospital : .....

.....

Referred for : ☐ Opinion ☐ Co-Management

☐ Transfer of care

Type of Referral : ☐ Emergency (within one hr.)

☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)

Date : ..... Time : ..... By : .....

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: M.D.

Report of Findings and Recommendations :

Δ: Pyrexia of unknown origin.

- Hyponatraemia → Seizures 6m ago
- Hyperpigmented macules over Palms
- Crusted plaques ⊕ & mucosal involvement
- Endocrine & Skin involvement } → Hypothyroidism & Hyponatraemia.

?? Auto immune disorder

Acute Symptomatic Seizure (Hyponatraemia) (? AI)

Consultant :

Name : ..... Signature : ..... Date & Time : .....

NOTE : If more space is required use another consultation sheet as continuation

Rx

1) T. levipil 250 mg — x Continue for now

2) TO Consider Evaluation of SLE (vs) ?! AI endocrinopathy

3) TO reconsider ~~ABM~~ after Complete evaluation & Plan Elective ETT & decision in ABM

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RESULT SHEET

HCV-00040927 IP22-00023327
Ms A.PADMA PRASANNA
10-05-2014 12 Y 1 M 10 D (F)
Dr. SHASHWAT MOHANTY

Patient .....
Age : .
No. : .....
I.D. No
TP:

Date	10/12/25	30/1/26	12/2/26	5/4/26	14/5/26	20/6/26
Time						
Hb	10.3	8.8		8.4	9.5	7.1
PCV	29.1				27.3	22.0
RBC		3.15		3.24	4.03	2.81
WBC	8700	3500		3800	11,520	7.83
N/L	61/33	78/17		49/43	49/45	46/45
Platelets	5.04				2.99	388
CRP	7.4					2
ESR				23		80
PCT						
RBS						
Na		101.8	132			140
K		3.46	4.4			4.57
Cl		72.5	102			108
Ca/Mg		8.2				
Phosphate						
Urea						
Creatinine						0.4
ALP				135		
SGPT				13		
SGOT				23		
T.Bill/Conj				0.36		
T.Protein				7		
S.Albumin				3.5		
S.Globulin				3.5		
A/G Ratio				1		
Uric Acid						
S.Amylase				44		
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						
Doctor's Signature						

Date	10/12/25	30/1/26	12/2/26	28/2/26	1/4/26	14/5/26
Time						
CUE - Alb	Nil					Nil
CUE - Sugar	Nil					Nil
CUE - Ketones	Nil					Nil
CUE - PUS Cells	4-5					4-5
CUE - RBC Cells	Nil					Nil
CUE WNC	1+					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
T3 ng/ml		1.32	1.86	1.77	1.36	
T4 ug/dl		7.5	13.64	12.32	11.32	
TSH (uIU/ml)		49.12	17.13	0.27	0.66	
Doctor's Signature						

Culture and Sensitivities : .....

Blood Culture - Sterile 2/6/26

Urine Culture - positive for Klebsiella oxytoca 2/6/26

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

'O' POSITIVE

Ref. No. : F / HW / RS / INPR / 17

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RESULT SHEET

HCV-00040927 IP22-00023327
Patient N: Ms A.PADMA PRABANNA .....
10-05-2014 12 Y 1 M 10 D (F)
Age : ..... Dr. BHASHWAT MOHANTY . : .....
I.D. No. : .....

Date	21/6/26	23/6	25/6/26			
Time						
Hb		6.4	8.5			
PCV		20.1	25.9			
RBC		2.57	3.30			
WBC		4.99	3.72			
N/L		62/33	51/38			
Platelets		3.72	3.36			
CRP		2				
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin			3.4			
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						
ctor's Signature						

IP.

Date	20/6	21/6/26	24/6/26			
Time						
CUE - Alb (protein)	Present ++		Present (++)			
CUE - Sugar	Nil		NIL			
CUE - Ketones	Negative		Neg			
CUE - PUS Cells	plenty		4-6			
CUE - RBC Cells	2-4		2-4			
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
THYROTHYRONIN (T3)		262				
THYROXINE (T4)		13.6				
THYROIDSTIMULATING HORMONE (TSH)		10.11				
Spot Protein			131			
Spot Creatinine			36.2			
Doctor's Signature Ratio			3.62			

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

Ref. No. : F / HW / DC / INPR / 05

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Your Right to a Safe Delivery

Patient Name : ....
Gender ☐ M ☐ F - Hospital N
Consultant : ....
Date of Admission : ....

HCV-00040927 IP22-00023327
Ms A.PADMA PRASANNA
10-05-2014 12 Y 1 M 10 D (F)
Dr. SHASHWAT MOHANTY

DRUG ALLERGIES : Yes - Allergic to ceftriaxone.

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. **ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.**

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, **BLOCK LETTERS**, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the **FIVE RIGHTS** before administration of medication.
  1) Right Patient **2)** Right Drug **3)** Right Dosage **4)** Right Route **5)** Right Time
- **AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR)**. Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : SYP P500

Dose	Route	Frequency	Start Dt.
4ml	P/O	SOS	

Doctor's Signature	Valid Period	Pharm.
[signature]		

Additional Instructions: 5ml/500mg

Date	20/6	20/6	21/6
Time	12:25	9pm	8pm
	[signature]	[signature]	[signature]
	[initials]	[initials]	[initials]

DRUG : SYP IBUGESIC

Dose	Route	Frequency	Start Dt.
10ml	P/O	SOS	

Doctor's Signature	Valid Period	Pharm.
[signature]		

Additional Instructions: 5ml/100mg

Date			
Time			

DRUG :

Dose	Route	Frequency	Start Dt.

Doctor's Signature	Valid Period	Pharm.

Additional Instructions

Date			
Time			

HCV-00040927 IP22-00023327
Ms A.PADMA PRABANNA
10-05-2014 12 Y 1 M 10 D (F)
Dr. SHASHWAT MOHANTY

I.P. No.	Sheet No.	Wards	Weight (kg)
			27 kg

REGULAR PRESCRIPTIONS

DRUG: Inj CEFTRIAXONE

Dose	Route	Frequency	Start Dt.
1.3g	IV	12hrly	20/06

Name & Signature of the Doctor starting the Drugs: ANJANA

Additional Instructions: Dil in 20 ml NS over 1hr

Stop. 20/6/26

Daily Doctor's Endorsement by a Sign.

DRUG: Inj PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
30mg	IV	24hrly	20/06

Name & Signature of the Doctor starting the Drugs: ANJANA

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	2016	21/6	22/6	23/6	24/6	25/6	26/6
6AM							

DRUG: Inj ONDANSETRON

Dose	Route	Frequency	Start Dt.
4mg	IV	8hrly	20/06

Name & Signature of the Doctor starting the Drugs: ANJANA

Additional Instructions:

Stop 22/6/26

Daily Doctor's Endorsement by a Sign.

Date / Time	2016	21/6	22/6
6AM	X		
2PM			
10PM			

DRUG: CANDID MOUTH PAINT

Dose	Route	Frequency	Start Dt.
	HA	6hrly	20/06

Name & Signature of the Doctor starting the Drugs: ANJANA

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	2016	21/6	22/6	23/6	24/6	25/6	26/6
12AM	X						
6AM	X						
12PM							
6PM							

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Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name : ICV-00040927 IP22-00023327
Ms A.PADMA PRASANNA
10-05-2014 12 Y 1 M 10 D (F)
Dr. BHASHWAT MOHANTY

I.P No.	Sheet No.	Wards	Weight (kg)
8	1		27 kg

REGULAR PRESCRIPTIONS

DRUG : Inj AUGMENTIN

Dose	Route	Frequency	Start Dt.
800 mg	IV	Q8thly	20/6/26

Name & Signature of the Doctor starting the Drugs : Sravan

Additional Instructions : Give last dose.

Daily Doctor's Endorsement by a Sign.

Date	20/6
Time	
6 AM	X
2 PM	6PM Sravan
10 PM	

STOP 20/6/26

DRUG : Inj PIPERACILLIN TAZOBACTUM

Dose	Route	Frequency	Start Dt.
2.5g	IV	8hrly	20/6

Name & Signature of the Doctor starting the Drugs : ANJANA

Additional Instructions : Dilute in 20ml NS, over 1hr

Daily Doctor's Endorsement by a Sign.

Date	20/6	21/6	22/6	23/6	24/6	25/6	26/6
6 AM	X	Basic Drugs	Basic Drugs	Basic Drugs	Basic Drugs	Basic Drugs	Basic Drugs
2 PM	X	Basic Drugs	Basic Drugs	Basic Drugs	Basic Drugs	Basic Drugs	Basic Drugs
10 PM		Basic Drugs	Basic Drugs	Basic Drugs	Basic Drugs	Basic Drugs	Basic Drugs

DRUG : Inj PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
	local	OD Bfly	20/6

Name & Signature of the Doctor starting the Drugs : Sumina

Additional Instructions :

Daily Doctor's Endorsement by a Sign.

Date	20/6	21/6	22/6	23/6	24/6
6 AM	X	Basic Drugs	Basic Drugs	Basic Drugs	Basic Drugs
2 PM	X	Basic Drugs	Basic Drugs	Basic Drugs	Basic Drugs
10 PM		Basic Drugs	Basic Drugs	Basic Drugs	Basic Drugs

ANJANA 24/6

DRUG : AQUASOFT MAXLOTION

Dose	Route	Frequency	Start Dt.
	local	Q hrly	20/6

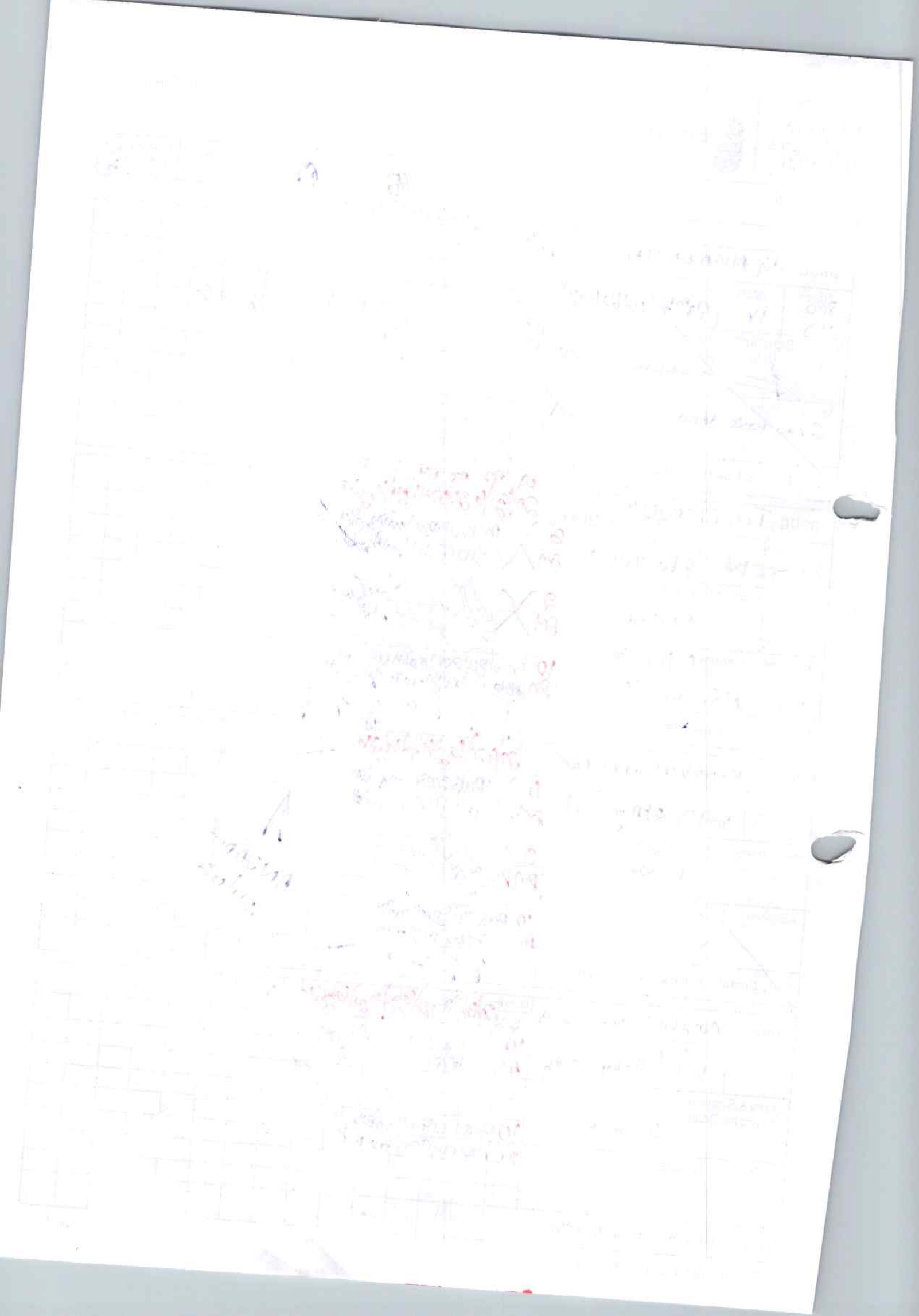
Name & Signature of the Doctor starting the Drugs : Sumina

Additional Instructions :

Daily Doctor's Endorsement by a Sign.

Date	20/6	21/6	22/6	23/6	24/6	25/6	26/6
10 AM	X						
10 PM		Basic Drugs	Basic Drugs	Basic Drugs	Basic Drugs	Basic Drugs	Basic Drugs

CIN : U85110 TG1998 PTC029914



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HCV-00040927 IP22-00023327
Ms A.PADMA PRASANNA
10-05-2014 12 Y 1 M 14 D (F)
Dr. SHASHWAT MOHANTY

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
		8		27kgs

REGULAR PRESCRIPTIONS

DRUG : T. LEVETIRACETAM

Dose	Route	Frequency	Start Dt.
250 mg	P.O	Q12h	22/6/26

Name & Signature of the Doctor starting the Drugs : Dr. Sravan

Additional Instructions :

Daily Doctor's Endorsement by a Sign.

Date / Time

Stop 22/6/26 Dr. Sravan S.

DRUG : TAB. RIBOFLAVIN

Dose	Route	Frequency	Start Dt.
10 mg	P.O	Q24h	22/6/26

Name & Signature of the Doctor starting the Drugs : Dr. Sravan

Additional Instructions : 1 Tab / 10 mg

Daily Doctor's Endorsement by a Sign.

Date / Time 22/6 23/6 24/6 25/6 26/6

8 AM ✓ ✓ ✓ ✓ ✓

8 PM ✓ ✓ ✓ ✓ ✓

DRUG : C. CYCLOSPORIN

Dose	Route	Frequency	Start Dt.
50 mg	P.O	Q24h	22/6/26

Name & Signature of the Doctor starting the Drugs : Dr. Sravan

Additional Instructions : 1 tab = 50 mg.

Daily Doctor's Endorsement by a Sign.

Date / Time 22/6 23/6 24/6 25/6 26/6

10 PM ✓ ✓ ✓ ✓ ✓

DRUG : Syp OROFER XT +

Dose	Route	Frequency	Start Dt.
7.5ml	P/O	Q12H	22/6

Name & Signature of the Doctor starting the Drugs : D. JAYASURYA

Additional Instructions : 5ml = 30mg Fe + 500 mcg (CBL) + 500mcg (FA)

Daily Doctor's Endorsement by a Sign.

Date / Time 22/6 23/6 24/6 25/6 26/6

8 AM ✓ ✓ ✓ ✓ ✓

8 PM ✓ ✓ ✓ ✓ ✓

CIN : U85110 TG1998 PTC029914

Rainbow® Children's Hospital
It takes a lot to treat the little.

HCV-00040927 IP22-00023327
Ms A.PADMA PRASANNA
10-05-2014 12 Y 1 M 14 D (F)
Dr. SHASHWAT MOHANTY

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No. 3	Wards	Weight (kg) 27 Kg

REGULAR PRESCRIPTIONS

DRUG : Syp. PARACETAMOL

Dose	Route	Frequency	Start Dt.
4ml	PO	QSH	22/6

Name & Signature of the Doctor starting the Drugs :

Additional Instructions : P-500
5ml = 500mg

Daily Doctor's Endorsement by a Sign.

Date	22/6	23/6	24/6	25/6
Time				
6 AM	X	Baby Abnormal	Baby Abnormal	Baby Abnormal
2 PM	X	Given		
10 PM		Baby Drugs		

DRUG : TAB · THYRONORM

Dose	Route	Frequency	Start Dt.
62.5 mcg	P.O	Q24h	22/6/26

Name & Signature of the Doctor starting the Drugs :

Additional Instructions : 1tab = 75 mcg
Dilute in 10ml, give 3 ml.

Daily Doctor's Endorsement by a Sign.

DRUG : TAB · THYRONORM

Dose	Route	Frequency	Start Dt.
62.5 mcg	P.O	Q24h	22/6/26

Name & Signature of the Doctor starting the Drugs :

Additional Instructions : 1tab = 62.5 mcg.

Daily Doctor's Endorsement by a Sign.

Date	22/6
Time	
6 AM	Baby Abnormal

23/6/26
Dose changed

DRUG : Tab. THYRONORM

Dose	Route	Frequency	Start Dt.
50 mcg	P/O	Q24H	23/6

Name & Signature of the Doctor starting the Drugs :
Dr. YASH

Additional Instructions :
1 Tab/50mcg

Daily Doctor's Endorsement by a Sign.

Date	24/6	25/6	26/6
Time			
6 AM	Baby Normal	Baby Normal	Baby Normal

CIN : U85110TG1998PTC029914

Rainbow® Children's Hospital
It takes a lot to treat the little

HCV-00040927 IP22-00023327
Ms A.PADMA PRASANNA
10-05-2014 12 Y 1 M 14 D (F)
Dr. SHASHWAT MOHANTY

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
		4		27 kg

REGULAR PRESCRIPTIONS

DRUG : Inj METHYLPREDNISOLONE

Dose	Route	Frequency	Start Dt.
800mg	IV	24hly	24/06

Name & Signature of the Doctor starting the Drugs: ANJANA

Additional Instructions: x 3 days

Daily Doctor's Endorsement by a Sign.

Date	24/6	25/6
Time	5pm	

DRUG : TAB. HYDROXYCHLOROQUINE

Dose	Route	Frequency	Start Dt.
1tab	P/o	24hrly	24/06

Name & Signature of the Doctor starting the Drugs: ANJANA

Additional Instructions: 1tab/200mg

Daily Doctor's Endorsement by a Sign.

Date	24/6	25/6
Time	3pm	

DRUG : TAB SHELCAL

Dose	Route	Frequency	Start Dt.
1tab	P/o	24hrly	24/06

Name & Signature of the Doctor starting the Drugs: ANJANA

Additional Instructions: 1tab/500mg

Daily Doctor's Endorsement by a Sign.

Date	24/6	25/6
Time	2pm	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

CIN : U85110 TG1998 PTC029914

VARIABLE DOSE	Date / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Additional Instructions		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	

VARIABLE DOSE	Date / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Additional Instructions		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
~~20/6~~	W/B	~~Syp. Atarax (5ml/10mg)~~	6ml/p/o			
~~22/6/26~~	6:30pm	Inj Vit B_{12}	750 mcg in 75ml NS over 2hou	IV		make
~~22/6/26~~	6:45 pm	Inj PARACETA				
24/6/26	5pm	250ml PRBC over 6hours	transfusion	IV		Mounika Rayali
24/6/26	8:30pm	c Midway	Lasix - ~~12mg~~ 20mg	IV		
24/6/26	10:30pm	Endway lasix	10mg	IV	Sumina	

HCV-00040927 IP22-00023327
Ms A.PADMA PRASANNA
10-05-2014 12 Y 1 M 10 D (F)
Dr. SHASHWAT MOHANTY

	I.P. No.	Sheet No.	Wards	Weight (kg)

I.V. FLUIDS CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
20/06/26.	11:00 Am	DNS	IV	40	[signature]	[signature]	22/6/26	[signature]	[signature]

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Medication Reconciliation Form

Drug allergies:

PATIENT NAME: HCV-00040927 IP22-00023327
Ms A.PADMA PRASANNA
UHID.....
10-05-2014 12 Y 1 M 10 D (F)
Dr. SHASHWAT MOHANTY
DOCTOR.....
DATE:.....

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team.
(E.g. At the time of admission shifting from ICU to ward, or ward to ICUs)

Sl. No.	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg,mcg)	ROUTE (PO,NG,SC,IV)	FREQUENCY	LAST DOSE DATE / TIME	ON ADMISSION
1.	T. LEVOTHYROXINE	50 mcg.	PO	Q24h	20/6/26	☒C DC☐
2.	T. LEVETIRACETAM	500 mg	PO	Q12h	20/6/26	☒C DC☐
3.						☐C DC☐
4.						☐C DC☐
5.						☐C DC☐
6.						☐C DC☐
7.						☐C DC☐
8.						☐C DC☐
9.						☐C DC☐
10.						☐C DC☐

MEDICATION HISTORY RECORDED / VERIFIED BY:

Doctor Name & Signature: Dr. Vallu. S

Date & Time : 20/6/26 10:30 AM.

Nurse name & Signature : Akhil

Date / Time: 20/06/26 10:40Am

CIN : U85110 TG1998 PTC029914

Ref. No. F/HW/CON/BT/03

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CONSENT FOR BLOOD TRANSFUSION

Patient Name: Ms. A. padmaprasanna Age: 12y 1M
Gender : ☐ M ☑ F - IP No. : 23227
Ward / Bed NO. : PICU Date : 24/6/26

Type of Blood Product: PRBC

I, Narasaiah, hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for HIV antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections can very rarely occur even with screened blood, especially if it is in. the "window period" and also due to various other infections which have not been screened for. I also understand that any blood component transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about he alternative for this procedure that.....

.....

All the above-mentioned risks have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood /or blood components (PRBC, Platelets, FFP, Cryoprecepitate etc) to me /my Patient during he present hospital stay and treatment.

Patient(Or Patient relative./ Guardian):

Signature : A. N. Reddy
Name : Anmireddy Narasaiah
Date & Time : 24/6/26 @ 5:40pm

Witness:

Signature : Cl
Name : Chandrika
Address : RGH.
.....
Contact No. : .....
Date & Time : 24/6/26 @ 5:40pm

Doctor(Who is taking the consent):

Signature : Harithe
Name : Harithe
Date & Time : 24/6/26

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగిపేరు ..... వయస్సు.....పు ☐ స్త్రీ ☐

ఐ.పి. నెంబరు ..... వార్డు/ బెడ్ నెం .....

రక్త మార్పిడి రకం .....

నేను ..... ఇందు మూలముగా రెయిన్‌బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా (నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త భాగాల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించబడినదనియు వివరించడమైనది. రక్త పరీక్ష విండో పీరియడ్ లో జరిగినప్పటికి మరియు పరీక్షలో కనబడని అనేక ఇతర ఇన్‌ఫెక్షన్ ద్వారా అతి అరుదుగా రక్తమారిపడి చేసినప్పడు మార్పిడి ఇన్‌ఫెక్షన్‌లు సోకి వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త భాగ మార్పిడికి సంబంధించిన రియాక్షన్‌లు సోకే ప్రమాదం వుందని, ద్రవం ఓవర్ లోడ్ మొదలగు సాధారణంగా అరుదైనది అని నేను అర్థం చేసుకున్నాను.

.....

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు/ నా రోగికి ఏమని వివరించారనగా పైన పేర్కొన్న అన్ని రకాల సమస్యలను నా రోగికి చికిత్స చేసే డాక్టరు నాకు / మాకు పూర్తిగా అర్థమయ్యే బాషలో వివరించినారు, దానికి నేను అంగీకరింస్తూ. నా రోగికి పూర్తి రక్తమార్పిడికి (మొత్తం రక్తం) / రక్త భాగాల మార్పిడికి (పి.ఆర్.బి.సి., ప్లేట్‌లెట్స్, ఎఫ్.ఎఫ్.పి.,) క్రయోప్రెస్సిటెట్ మొదలగునవి. మా సమ్మతిని ఇస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

డాక్టర్

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

సాక్షి

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

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Ref. No. : F/HW/PTF/INPR/14

PATIENT TRANSFER FORM

HCV-00040927 IP22-00023327
Ms A.PADMA PRASANNA
10-05-2014 12 Y 1 M 14 D (F)
Dr. SHASHWAT MOHANTY

Date & Time of Admission	Date & Time of Transfer Order
20/6/26 @ 10:32 Am	24/6/26 @ 11 Pm
Treating Consultant	**Transfer ordered by**	**Reason for Transfer**
Dr. Shaswat	Dr. Shaswat	ward change
From Bed / Ward / Hospital	**To Bed / Ward / Hospital**	**Information to attendant** Yes ☒ No ☐
PICU	G/W 332	
Number of Sheets in clinical file	**Number of Imaging films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☒ No ☐ If yes, What ?
30	—	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	medication, Syringes	
2.	IV, PMO	
3.	fluids, Tablets	
4.	—	
5.		

Shifting Summary / Notes written by Doctor:

Name of Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
	Dr. Shaswat		

Patient & Clinical records received by:

Signature with Date & Time: D20228 24/6/26 @11.45Pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed ☐ Nurse not available ☐ Available bed not ready

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Ref. No. : F/HW/PTF/INPR/14

PATIENT TRANSFER FORM

Patient Name / I.P. No	Date & Time of Admission	Date & Time of Transfer Order
HCV-00040927 IP22-00023327 Ms A.PADMA PRASANNA 10-05-2014 12 Y 1 M 14 D (F) Dr. SHASHWAT MOHANTY	20/6/26 @ 10:32 AM	24/6/26 @ 8:30 PM
	Transfer ordered by DR. Adhitya	Reason for Transfer Blood transfusion
From Bed / Ward / Hospital 332	To Bed / Ward / Hospital PW	Information to attendant Yes ☑ No ☐
Number of Sheets in clinical file 40	Number of Imaging films NB	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, What ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes written by Doctor:

Name of Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Mahalaxmi	Dr. Adhitya		

Patient & Clinical records received by:

Signature with Date & Time

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed ☐ Nurse not available ☐ Available bed not ready

Ref. No. : F/HW/PTF/INPR/14

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PATIENT TRANSFER FORM

Patient Name / I.P. No	Date & Time of Admission	Date & Time of Transfer Order
HCV-00040927 IP22-00023327 Ms A.PADMA PRASANNA 10-05-2014 12 Y 1 M 10 D (F) Dr. SHASHWAT MOHANTY	19/06/2026 @ 10:32	19/06/2026 @ 12:00
	Transfer ordered by Dr. Anjana	Reason for Transfer Admission
From Bed / Ward / Hospital ER	To Bed / Ward / Hospital 3rd Floor	Information to attendant Yes ☑ No ☐
Number of Sheets in clinical file 18	Number of Imaging films	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, What ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DNS	1
2.	IV set	1
3.		
4.		
5.		

Shifting Summary / Notes written by Doctor:
Dr. Anjana

Name and Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Akhil.	Dr. Anjana	Kamalalekshmi	

Patient & Clinical records received by:
Sandhya 19/6/26 at 12:30pm

Signature with Date & Time

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed ☐ Nurse not available ☐ Available bed not ready

PRBC

Ref. No. : F / HW / BTM / NSG / 03

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Name of the patient : padma prasanna UHID : 40927 I.P. No. : 23327

Age : 12y Gender : female Department : PICU Ward : PICU

Blood group of the patient : O+ve Blood group on the Blood bag : O+ve

Blood bank issue no : 2340 Date of collection : 26/6/26 Date of expiry : 27/7/26

Date & Time of starting transfusion : 24/6/26 4 pm Planned duration of transfusion : over 6 hours

PLEASE MONITOR THE FOLLOWING EVERY 30 MINUTES

Time	HR	Temperature	Blood pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
5.45 pm	115bpm	98.4°F	107/69(81)	100%	—	—	—	—
6pm	114bpm	98.3°F		100%	—	—	—	—
6:30pm	120bpm	98.4°F	110/63(79)	99%	—	—	—	—
7pm	115bpm	97.5°F		99%	—	—	—	—
7:30pm	118bpm	98.4°F	100/65(80)	100%	—	—	—	—
8pm	100bpm	97.4°F		100%	—	—	—	—
9pm	116	97.6°F	107/80(90)	100%	—	—	—	—
10pm	121	97.4°F		100%	—	—	—	—
10:30 pm	113	97.0°F	117/79(90)	100%	—	—	—	—

Comments : No reactions / unscheduled observed post procedure

Nurse Name : Agreed Nurse Signature : Agreed

M .RA

CHHATRAPATI SHIVAJI VOLUNTARY BLOOD CENTRE

Packed Red Blood Cells I.P

Donor ID : 2340
Volume : 250ml
Collected on : 18/06/26
Expires on : 27/07/2
Issued on : 24/06 26

O
Rh(D) Positive

Compat e For :
Ms. PDMA / DEASANNA
Age :Years
Sex ale
RID : CSVB26-R02791
Patient B.G : O m(D) Pos
Hospital v Childr a 'S Hospital
Method : Ge ard
X-Match v Har ish B
Issued by od Centre (Lic. No - 06/VSP/AP/2022/BC/G)

50 06
ep

A. Nookaratnam.
[Mother]

Agreement
21/6/26
2.10 PM